

**OFFICE OF AUDITS AND COMPLIANCE**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



**JUN 10 2010**

Sushma Taylor, Ph.D.  
Executive Director  
Center Point, Inc.  
135 Paul Drive  
San Rafael, CA 94903

Dear Dr. Taylor:

The California Department of Corrections and Rehabilitation's (CDCR) Office of Audits and Compliance, Audits Branch, completed a program compliance audit of contract number C06.303 between Center Point, Inc. and CDCR's Office of Substance Abuse Treatment Services (OSATS), formerly known as the Division of Addiction and Recovery Services. The audit fieldwork was conducted during the period of March 25, 2009 through November 5, 2009. The audit covered the period of July 1, 2007 through November 5, 2009.

Enclosed is a copy of the final audit report. This report includes your response.

Should you have questions or require additional information regarding the contents of this report, please contact Timothy Adams, Supervising Management Auditor, Audits Branch, at (916) 255-2701.

Sincerely,

A handwritten signature in blue ink, which appears to read "Richard C. Krupp". The signature is fluid and cursive, with a large initial "R" and "K".

RICHARD C. KRUPP, Ph.D.  
Assistant Secretary  
Office of Audits and Compliance

Enclosure

cc: Timothy Adams, Office of Audits and Compliance  
Marc Herring, Center Point, Inc.  
Carolyn Graham, Center Point, Inc.

---

PROGRAM COMPLIANCE AUDIT  
CENTER POINT, INC.



# FINAL AUDIT REPORT

Prepared by:

California Department of Corrections and Rehabilitation  
Office of Audits and Compliance  
Audits Branch

---

May 2010

---

CENTER POINT, INC.

CONTRACT NUMBER C06.303

---

Office of Audits and Compliance

# TABLE OF CONTENTS

---

	<u>PAGE</u>
AUDITOR'S REPORT	
EXECUTIVE SUMMARY .....	1
BACKGROUND .....	10
FINDINGS, OBSERVATIONS, AND RECOMMENDATIONS	
FINDING 1: Programming Hours not met at Residential Facilities .....	11
FINDING 2: Treatment Plans not completed within five days .....	14
FINDING 3: CDCR 1868-Community Service Plan Deficiencies.....	14
FINDING 4: Documentation Missing for ASCAT Reviews and SB 1453 Certificates.....	15
FINDING 5: Release of Information Disclosure Form Deficiencies .....	16
FINDING 6: Pre-Release Treatment Contacts are not being adequately documented .....	17
FINDING 7: Post-Release Treatment Contacts are not being adequately documented .....	19
FINDING 8: Resident Programming Records not retained for three years.....	20
FINDING 9: Hiring of Ex-Offenders .....	22
FINDING 10: Transportation Data Deficiencies.....	24
FINDING 11: Missing Documentation for Global Outreach Presentations .....	25
OBSERVATION 1: Incompatible Program Placement.....	27
GLOSSARY .....	28
ATTACHMENT – Auditee's Response	

**OFFICE OF AUDITS AND COMPLIANCE**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



JUN 10 2010

## AUDITOR'S REPORT

Sushma Taylor, Ph.D.  
Executive Director  
Center Point, Inc.  
135 Paul Drive  
San Rafael, CA 94903

Dear Dr. Taylor:

The California Department of Corrections and Rehabilitation's (CDCR) Office of Audits and Compliance (OAC), Audits Branch, completed a program compliance audit of contract number C06.303 between Center Point, Inc. (Center Point) and CDCR's Office of Substance Abuse Treatment Services (OSATS).

Under the terms of the agreement, the contractor agreed to arrange placement of parolee-participants into community based substance abuse programs and provide case management supervision in Parole Region II.

The costs for these services were not to exceed the contract amounts listed in the table below.

Term for Contract C06.303	Action	Amount	Total Amount
January 1, 2007 through June 30, 2009	Original Contract	\$25,261,213	\$25,261,213
Amendment 1	Name Change/Other Changes in Program	\$0	\$25,261,213
Amendment 2	Services/funding added	\$9,556,954	\$34,818,167
Amendment 3	Services/funding added	\$1,697,804	\$36,515,972

The Audits Branch conducted the audit in accordance with Generally Accepted Governmental Auditing Standards, with the exception of the General Standards for (1) Continuing Professional Education and (2) Quality Control requiring an external peer review at least once every three years. The audit included tests of controls and other such auditing procedures considered necessary under the circumstances.

The scope of the audit was limited to program compliance activities for the period of July 1, 2007 through November 5, 2009. The audit fieldwork was conducted during the period of March 25, 2009 through November 5, 2009.


The objective of the audit was to determine whether Center Point complied with the programming conditions and terms of the contract. The procedures performed in the audit included:

- Interviews with Center Point's employees to gain an understanding of the program and evaluate the adequacy and effectiveness of Center Point's existing internal controls.
- A review of the contract's program provisions, as well as pertinent laws, rules, and regulations.
- Examination and analysis of program records and procedures.
- Performance of tests to provide reasonable assurance that Center Point complied with the contract's program provisions.

The audit report identifies 11 audit findings pertaining to parolee placement, programming, case management, transportation, outreach activities, retention of records, and the employment of staff providing services to the Substance Abuse Services Coordination Agency (SASCA) contract. In addition, there was one observation addressing participant programming needs. Observations highlight certain areas that may be of interest to users of the audit report. Observations differ from audit findings in that they may not include attributes (condition, effect, criteria, cause, and recommendation) that are presented in audit findings.

Because the audit was limited to selected test periods, the Audits Branch does not express an opinion on the contractor's internal controls as a whole.

Sincerely,



RICHARD C. KRUPP, Ph.D.  
Assistant Secretary  
Office of Audits and Compliance

November 5, 2009 (last date of audit work)



## EXECUTIVE SUMMARY

---

CDCR contracted with Center Point to arrange placement of participants into community based providers (CBP) that provide aftercare substance abuse services. In addition, Center Point is also responsible for providing case management supervision through Community Service Coordinators (CSC). Based on their classification and program eligibility, participants are placed into three different types of programming modalities: residential, sober-living, and out-patient services.

During fieldwork, the Audits Branch visited the following facilities:

CBP Name	Type of Facility
Neighborhood House	Residential
Project Ninety	Residential
Manor House	Residential
Pathway Society	Sober living/Outpatient

The Audits Branch conducted a program compliance audit of contract number C06.303 for the period of July 1, 2007 through November 5, 2009. Summarized below are eleven findings, one observation, Center Point's responses, and the Audits Branch's comments. Details are provided in the Findings and Recommendations section of this report.

### SUMMARY OF FINDINGS

#### **FINDING 1: Programming Hours Not Met at Residential Facilities**

Two CBPs did not have documentation on file verifying that each participant received an average of 26 programming hours per week, as required by the contract. In addition, one CBP scheduled In Custody Drug Treatment Program (ICDTP) programming for five days per week, rather than for six days per week, as required by the contract.

#### **CENTER POINT'S RESPONSE:**

Center Point questions if the Audits Branch 1) reviewed all applicable documents, 2) considered all programming phases, and 3) calculated the average programming hours for the participants' entire treatment period.

Center Point also contends that a uniform tracking system is not required by the State Department of Alcohol and Drug Programs (ADP) and that programming hours are already reflected in case notes, clinical charts, etc. Furthermore, ADP only requires an activity schedule to determine compliance with licensing and certification treatment hours mandates.

Center Point also mentioned that the Narcotics Anonymous (NA) meetings and group sessions provided to ICDTP 1's male clients on Saturday and Sunday at the Neighborhood House facility satisfied the six day programming requirements.

#### **AUDITS BRANCH COMMENTS:**

The Audits Branch calculated the participants' average weekly program hours using:

- a. Records provided by CBPs that documented the program hours received by the participants. These records included clinical charts and sign-in sheets for group sessions, recreational, social, vocational, and employment related activities.
- b. Program hours received by each participant during their entire stay at the facilities.

The Audits Branch did not use the program hours noted on activity schedules because they were only plans, and do not necessarily prove that the participant engaged in the scheduled activities.

The Audits Branch contends that a participant log or other tracking system is a necessary tool that can be used by CBP providers and SASCA case managers to assure that SASCA clients are receiving the required programming hours.

Additional documents provided by Center Point after the audit showed that the Neighborhood House facility complied with the six day ICDTP programming requirements. Therefore, this issue is dropped from the finding.

#### **FINDING 2: Treatment Plans Not Completed Within Five Days**

Three residential and one sober living/outpatient CBPs did not complete treatment plans within five days of the participants' arrival. The CBPs were following policies established by the ADP, the county, and/or their own program, rather than the CDCR contract's policy.

#### **CENTER POINT'S RESPONSE:**

Center Point believes that the contract only requires the completion of *either* an assessment *or* a treatment plan within five days, but not necessarily both. Center Point also states that they are in compliance with ADP timeframes regarding the completion of a treatment plan.

#### **AUDITS BRANCH COMMENTS:**

Center Point contends that they complied with the contract because assessments were completed for each participant within five days of arrival. Separate *treatment plans*



were completed later. The Audits Branch's finding was based on the completion dates of the treatment plans.

Amendment 1 of contract number C06.303, Section D.3(f) requires the completion of an assessment/treatment plan within 5 days , *and* the plan has to include the following elements: participant name, CDCR#, gender, CBP name, medical and psychiatric needs, family needs, vocational needs, and detailed steps for accomplishing the short and long term goals identified in the assessment/treatment plan.

The assessments mentioned by Center Point did not include detailed steps for accomplishing short and long term goals. Even though the assessment interviews were completed within five days of the participants' arrival, Center Point was still not in full compliance with the contract because the assessments did not include all the required elements.

### **FINDING 3: Community Service Plan (CDCR 1868) Deficiencies**

A sample of 40 in-custody participant files were selected for evaluation of the participants' CDCR 1868. Four files were missing the CDCR 1868 form, and 23 files had forms with missing signatures.

#### **CENTER POINT'S RESPONSE:**

As a matter of routine procedure, Center Point already notifies OSATS when a completed and signed CDCR 1868 form is not signed by the parole agent as recommended by the Audits Branch. The four SASCA regions have also jointly recognized and reported to OSATS the same issue. Center Point will continue their routine procedure to report and communicate this issue to OSATS through the Monthly Progress Reports, the Continuing Care Committee, and contacts with OSATS managers.

#### **AUDITS BRANCH COMMENTS:**

The Audits Branch agrees that Center Point should continue reporting this issue to OSATS through the Monthly Progress Reports, the Continuing Care Committee, and contacts with OSATS managers. Furthermore, Center Point staff should document their efforts to make contacts with the Parole Agent in the participant's case files.

### **FINDING 4: Documentation Missing for Aftercare Successful Completion Assessment Team (ASCAT) Reviews and Successful Completion Certificates (SB 1453)**

Eight of the ten SB 1453s participant files reviewed by the Audits Branch had incomplete ASCAT review documentation or were missing the SB 1453.

## **CENTER POINT'S RESPONSE:**

Although the OSATS agent is responsible for providing Center Point with copies of the ASCAT review forms and the Successful Completion Certificate, these documents are not always provided. Center Point disagrees with the Audits Branch recommendation that Center Point ensure that these documents are received and filed in the participant's files because they do not have the authority, control, or responsibility to obtain this document.

## **AUDITS BRANCH COMMENTS:**

Center Point staff should follow-up with the OSATS Parole Agent when the ASCAT Review Forms and/or certificate are not received in a timely manner and document these requests in the participant's case file.

## **FINDING 5: Release of Information Disclosure Form Deficiencies**

Center Point's Release of Information Disclosure form states that a participant's treatment records will not be available to CDCR once the participant completes the treatment program. This does not meet the contract's three year record retention requirement for audit purposes.

A review of 51 participant files showed there were five instances in which the participant's signature was missing, the CBP name and address were not identified, or the form was missing.

## **CENTER POINT'S RESPONSE:**

Center Point contends that it is unnecessary to modify the disclosure form because, the Health Insurance Portability and Accountability Act (HIPAA) compliant Associate Business Agreement (included in the SASCA contract) obviates this necessity as it grants such authority [to review participant files] to the CDCR as a 'Covered Entity'. Furthermore, modifications to the disclosure form will render the form no longer compliant to federal confidentiality regulations which dictate that a consent must last no longer than reasonably necessary to serve the purpose for which it is given (42 Code of Federal Regulations, Part 2.31(a)(9)).

## **AUDITS BRANCH COMMENTS:**

The Audits Branch has authorization to review participants' files under HIPAA. However, during field work the Community Based Providers and Center Point questioned the Audits Branch's authority to review the participants' files. Therefore, further clarification will increase the understanding of all parties regarding the Audits Branch's authority to review participant files for up to three years after termination of the contract.

**FINDING 6: Pre-release Treatment Contacts Are Not Being Adequately Documented**

The CSCs are not adequately documenting the required contacts with the in-custody contractor, the CBP, and the Parole Agent of Record (AOR) for participants in the In-Prison Therapeutic Community Substance Abuse Program (IPTCSAP), Transitional Treatment Program (TTP), Parolee Substance Abuse Program (PSAP), and Drug Treatment Furlough (DTF).

For ICDTP 1 participants, the CSCs are not always filing a copy of the Contra Costa County Office of Education's (CCCOE) Risk Assessment form or the CDCR 1868 in the participant's file, documenting that the participants were contacted by the ICDTP Parole Agent II and CCCOE. Furthermore, the CSCs were not adequately documenting the required one contact with the participants prior to their initial admittance into a CBP.

**CENTER POINT'S RESPONSE:**

Center Point contends that the Audits Branch did not consider all additional contacts made with the SAP in-prison custody contractor, CBPs, and AORs in order to complete pre-placement activities.

**AUDITS BRANCH COMMENTS:**

The Audits Branch spent considerable time reviewing all documents that were suggested and provided by Center Point. Center Point did not provide adequate documentation for the contacts that they stated were performed; therefore, there is no assurance that a contact was made.

**FINDING 7: Post Release Treatment Contacts Are Not Being Adequately Documented**

The CSCs are not adequately documenting the required monthly contacts with the participants, the AOR, and the CBP to validate that participants are provided post release treatment care throughout their programming term.

**CENTER POINT'S RESPONSE:**

Center Point agrees that the community service coordinators should more comprehensively document post-release contacts, but notes that other contacts made for the completion of ASCAT meetings, required weekly verification of client services documents, service authorization forms, formal admit/discharge forms, CDCR activity reports and participants request for extension of treatment services should have been taken into consideration towards the completion of post-release contacts.

## AUDITS BRANCH COMMENTS:

As noted in the table below, the activities mentioned by Center Point were (a) required by other provisions of the contract, and/or (b) administrative functions. Center Point should ensure that the CSCs document post treatment contacts made during the activities listed below.

Type of Document/Contact	Purpose
ASCAT meetings	Other contract requirements
Weekly verification of client services	Administrative function completed for billing
Service Authorization forms	Other contract requirements
Formal Admit/Discharge forms	Other contract requirements
CDCR activity reports	Other contract requirements
Participants request for extension of treatment services	Administrative function

## FINDING 8: Resident Programming Records Not Retained For Three years

Resident programming records were not available for review at three of the four CBPs selected for review due to (1) inadequate safeguarding of records, and (2) retention policies not meeting the three year minimum contract requirement.

## CENTER POINT'S RESPONSE:

Center Point contends that the contract only specifies the documents required for the SASCA participant files, but does not specify documents required in the CBP's participant files. In lieu of specific contract requirements, Center Point requires the CBPs to meet the ADP requirements by maintaining notes for individual and group sessions in the clinical charts.

The documents missing at Neighborhood House and Project Ninety have been located and are available for review, but Manor House does not retain and store group sign-in sheets because it is not required by ADP and is not cost beneficial.

## AUDITS BRANCH COMMENTS:

The Line Item Budget Guide (LIBG) for Cost Reimbursement Budgets, October 2006 (updated March 28, 2007), page 11, states in part: "CDCR shall have access and the right to examine, audit, review, excerpt, and transcribe any books, documents, papers or records of the Contractor and/or **sub-contractor**... during the three years following the completion of the contract." Therefore, CBPs must retain for a minimum of three years after contract termination documents substantiating programming services that participants received. Center Point should make sure that the CBPs are aware of this requirement.

## **FINDING 9: Hiring of Ex-Offenders**

The contract prohibits the hiring of ex-offenders within certain classifications and parole/probation status. Under certain conditions, ex-offenders may be hired if approved by the OSATS. Based upon a review of the SASCA's Center Point and CBP personnel files, the Audits Branch found that five ex-offenders were hired even though they were not eligible under the terms of the contract.

### **CENTER POINT'S RESPONSE:**

Center Point contends that they have no authority to access personnel records of the CBPs and cannot police the employment and hiring practices of the providers. Evaluation of CBP staff is further complicated because counselors connected to the SASCA contract are not easily identifiable for CBPs with multiple funding streams (county, state, federal, etc.). Therefore, Center Point cannot ensure that CBP staff meets the ex-offenders eligibility requirement.

Center Point updated the subcontractor agreement to reflect the correct criteria regarding the hiring of ex-offenders as recommended.

Center Point notes that the employees tested either did not provide counseling services to SASCA funded participants or did not have counseling responsibilities.

### **AUDITS BRANCH COMMENTS:**

Center Point should ensure that the CBPs are aware of the contract's requirements regarding the employment of ex-offenders.

Center Point notes that the employees identified in the finding did not provide counseling services for SASCA-funded participants or did not have counseling responsibilities. The Audits Branch reviewed the files of employees that the CBPs specifically identified as counselors for the SASCA program.

## **FINDING 10: Transportation Data Deficiencies**

The transportation log is not maintained in an electronic format beyond the current month. In addition, transportation information recorded on the monthly transportation log submitted to OSATS had instances in which the driver's name was omitted, and some transportation data fields in the Substance Abuse Services Tracking System (SASTRAK) were left blank.

### **CENTER POINT'S RESPONSE:**

Center Point does not record transportation activities in SASTRAK format, but maintains a computerized system for tracking transportation services and an electronic PDF record of the transportation logs. Center Point contends that a vehicle mileage log does

not need to be maintained because the vehicles used are not strictly dedicated to SASCA.

#### **AUDITS BRANCH COMMENTS:**

Center Point should maintain transportation logs in an electronic format, such as Excel, that will allow the information to be easily transferred to CDCR's database as required in the following contract provision:

- Contract number C06.303, Exhibit A, Item 2, page 25, states: "Contractor shall collect and maintain electronic information documenting activities associated with the transportation of in-custody inmates/parolees from the institution/jail to CBPs." Item 3, page 25, states: "CDCR-OSAP is developing a database, which will track all participants through all program phases and interventions." Item 4, page 25, states: "The information tracking system shall have, at a minimum, the following data elements...transportation related activities."

In addition, Center Point should retain the vehicle mileage logs for audit purposes since it is the original source document that supports the transportation plan.

#### **FINDING 11: Missing Documentation For Global Outreach Presentations**

The monthly narrative reports submitted to OSATS did not include references to "Outreach" activities as required.

The Audits Branch evaluated the Global Outreach Presentations completed at California Men's Colony (CMC), California State Prison, Solano (SOL), and the Correctional Training Facility (CTF) for the period of January 1, 2008 through December 31, 2008. The Audits Branch determined that Center Point did not have sufficient documentation to support the presentations at SOL and CTF.

#### **CENTER POINT'S RESPONSE:**

A CSC was at SOL for the required Global Outreach Presentations during the 2nd and 4th quarters of FY 2008, but Center Point agrees with the Audits Branch that the CSC did not document the visits or the reason for the cancellations. Center Point contends that the Quarterly Global Outreach Presentations were conducted at CTF and the required supporting contact forms and rosters of participants were provided to the Auditors.

#### **AUDITS BRANCH COMMENTS:**

As part of their response to the draft report, Center Point provided the Audits Branch with Monthly Presentation Activity Reports verifying that outreach presentations occurred at CTF for the 1st, 3rd, and 4th quarters of 2008. However, Center Point did

not provide sufficient documentation indicating that services were provided at SOL during the 2nd and 4th quarters of 2008.

**OBSERVATION 1: Incompatible Program Placement**

Project Ninety had an ICDTP II participant who was having difficulty with the reading and writing assignments. The participant stated that he was stressing out because he couldn't complete his reading and writing assignments on time, and had twice considered abandoning the program.

**CENTER POINT'S RESPONSE:**

Center Point states that the referral process is complex and there are various factors that impact placement choices including, but not limited to, the contract requirement to place clients in their County of Last Legal Residence (CLLR), the changing availability of beds at each CBP, and the disallowance of a "preferred provider list." Center Point feels that they have followed the appropriate screening and assessment procedures with consideration to the factors that impact the referral process.

**AUDITS BRANCH RESPONSE:**

Center Point should work with OSATS to ensure that participants are placed in programs that are compatible with their literacy level.



## BACKGROUND

---

The SASCA program was created in 1999. The program's objectives are to reduce the incidence of both relapse and recidivism among participants, and to promote pro-social behavior that will enable the participants to exhibit satisfactory conduct within the facility and on parole, leading to the successful integration into the community.

Under the SASCA program, parolees are referred to community based providers to obtain substance abuse counseling and rehabilitation treatment. Parolees may be referred to three different types of programming modalities: (1) residential, (2) sober living environment, and (3) outpatient services.

The SASCA program is divided into four parole regions. Through contract number C06.303, Center Point contracted with CDCR's OSATS, formerly Division of Addiction and Recovery Services, to provide services for the SASCA Region II.

SASCA Region II encompasses the following counties: Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Monterey, Napa, San Francisco, San Luis Obispo, San Benito, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, and Ventura.

Center Point has been managing the Region II SASCA since January 2004 under contract number C03.112. Furthermore, Center Point operates several CDCR in-prison substance abuse programs (SAP) and also operated the CDCR funded Family Foundations Program, which is a community corrections facility in San Diego serving women and children. The OAC has performed the following audits of Center Point contracts:

- Region II SASCA fiscal compliance review for the period of January 1, 2004 through June 30, 2006 (Contract number C03.112).
- Family Foundations program compliance review for the period of July 1, 2006 through June 30, 2007 (Contract number C05.002).
- Bay Area Services Network fiscal compliance review for the period of July 1, 1994 through June 30, 1996 (Contract number P94.0001).

# FINDINGS AND RECOMMENDATIONS

## FINDING 1: Programming Hours Not Met at Residential Facilities

1. The Audits Branch reviewed a sample of 14 participants' records at three residential facilities (Neighborhood House, Project Ninety, and Manor House) to determine if participants received an average of 26 hours of programming per week over the duration of the participants' stay. As illustrated below, two of the three facilities did not always provide the required programming hours for participants.

### Review of Programming Hours

- a) Neighborhood House – Each of the four participants selected for testing did not meet the required average of 26 hours of programming per week for the duration of their stay.
- b) Project Ninety – Three of the five participants tested did not average 26 hours of programming per week for the duration of their stay.
- c) Manor House – Each of the five participants selected for testing were in compliance with the 26 hours of programming required per week.

Neighborhood House		A	B	C = A x 26	D	E [Is D ≥ C?]
Client	Programming Period	# Weeks Tested	# Weeks w/ 26± hrs	# Required Average hrs	# Program-ing hrs	Compliant Yes/No
A	10/18/07 - 12/5/07	6	0	156	115	No
B	8/24/07 - 11/3/07	8	0	208	109	No
C	12/6/07 - 2/8/08	8	0	208	135	No
D	11/7/07 - 2/13/08	12	0	312	257	No

Project Ninety		A	B	C = A x 26	D	E [Is D ≥ C?]
Client	Programming Period	# Weeks Tested	# Weeks w/ 26± hrs	# Required Average hrs	# Program-ing hrs	Compliant Yes/No
E	10/30/07 - 3/27/08	20	14	520	531	Yes
F	7/31/07 – 10/29/07	12	6	312	279	No
G	2/19/08 – 5/19/08	14	6	364	345	No
H	2/22/08 – 3/23/08	5	4	130	141	Yes
I	3/25/08 – 5/2/08	5	4	130	122	No

Manor House		A	B	C = A x 26	D	E [Is D ≥ C?]
Client	Programming Period	# Weeks Tested	# Weeks w/ 26± hrs	# Required Average hrs	# Program-ing hrs	Compliant Yes/No
J	3/12/09 - Unknown	4	4	104	133	Yes
K	3/31/09 - Unknown	4	4	104	120	Yes
L	4/6/09 - Unknown	4	4	104	130	Yes
M	4/14/09 - Unknown	4	4	104	132	Yes
N	4/20/09 - Unknown	4	4	104	119	Yes

Although Manor House provided the required number of programming hours for participants, the three facilities (Neighborhood House, Project Ninety, and Manor

House) did not have a system in place to adequately monitor the group programming and individual counseling session hours being accumulated by the participants. As a result, the counselors and staff at the three facilities can't ensure that all participants are receiving the contractually required programming hours.

2. At Neighborhood House, the programming for male participants has a five day schedule to accommodate programming for ICDTP clients, which is not in compliance with contract number C06.303's requirement that programming be scheduled across six days a week.

## **CRITERIA:**

1. Contract number C06.303 and the Community Based Services Subcontractor Agreement states: "There shall be a minimum of twenty (20) hours of face-to-face individual and group activity for each participant, plus a minimum of six (6) hours of supplemental face-to-face individual and group activity which may include participation in 12-step self-help groups, scheduled across six days a week. A participant's hours may vary from week to week but should average 26 hours per week over the duration of the participant's stay."
2. The Alcohol and/or Other Drug Program Certification Standards regarding Individual and Group Sessions, page 23, states in part: ". . .the counselor/program specialist shall document, by signing their name and putting the date on the following information for participant's attendance at individual and group sessions. This documentation shall be placed in the participant's file:
  1. Date of each session attended;
  2. Type of session (i.e. individual or group);
  3. Progress towards achieving the participant's recovery or treatment plan goals;
    - a. Nonresidential programs shall document each participant's progress on a weekly basis.
    - b. Residential programs shall document each participant's progress on a weekly basis.
    - c. The progress notes shall include one or more of the following:
      - i. Participant's progress towards one or more goals in the participant's recovery or treatment plan;
      - ii. New issues or problems that affect the participants recovery or treatment plan; or
      - iii. Types of support provided by the program or other appropriate health care providers."

## **RECOMMENDATIONS:**

1. Center Point should require CBPs to maintain documentation verifying that participants are receiving adequate programming hours. This requirement should be incorporated into their Community Based Services Subcontractor Agreement.

2. During site visits, Center Point staff should review programming schedules and evaluate programming hours received by participants, to ensure that CBPs are providing the adequate number of programming hours spread across the required number of days, as specified in contract number C06.303.

### **CENTER POINT'S RESPONSE:**

Center Point questions if all applicable documents were reviewed, programming phases considered, and the methodology for the calculation of programming hours averaged for the participant's entire treatment period.

Center Point also contends that a uniform tracking system is not required by ADP and that programming hours are already reflected in case notes, clinical charts, etc. Furthermore, ADP only requires an activity schedule to determine compliance with licensing and certification treatment hours mandates.

Scheduled NA meetings and group sessions provided to ICDTP 1 male clients on Saturday and Sunday at the Neighborhood House facility satisfies the six day programming requirements.

### **AUDITS BRANCH COMMENTS:**

The Audits Branch calculated the participants' average weekly program hours using:

- a. Records provided by CBPs that documented the program hours received by the participants. These records include clinical charts and sign-in sheets for group sessions, recreational, social, vocational, and employment related activities.
- b. Program hours received by each participant during their entire stay at the facilities.

The Audits Branch did not use the program hours noted on activity schedules because they were only plans, and do not necessarily prove that the participant engaged in the scheduled activities.

The Audits Branch believes that a participant log or other tracking system is a necessary tool that can be used by CBP providers and SASCA case managers to assure that SASCA clients are receiving the required programming hours.

Additional documents provided by Center Point after the audit showed that Neighborhood House complied with the six day ICDTP programming requirements. Therefore, this issue is dropped from the finding.

## **FINDING 2: Treatment Plans Not Completed Within Five Days**

Treatment plans were not being completed within five days as required by contract number C06.303. The following table shows the range of days it took the four CBPs to complete a treatment plan.

CBP Name	Type of Facility	Range
Neighborhood House	Residential	8 to 15 days
Project Ninety	Residential	13 to 14 days
Manor House	Residential	5 to 10 days
Pathway Society	Sober living/Outpatient	12 to 31 days

### **CRITERIA:**

Amendment 1 of contract number C06.303, Item 7, states: "The SASCA contractor will ensure that an assessment/treatment plan is completed for each SASCA participant within five (5) calendar days of admittance or receipt of treatment to a CBP. The assessment/treatment plan may be completed by the CBP. It is the SASCA responsibility to ensure that the assessment/treatment plan is completed."

### **RECOMMENDATION:**

Center Point should implement controls to ensure CBPs are completing the assessment and treatment plans within the timeframe specified in the contract.

## **FINDING 3: CDCR 1868 Deficiencies**

The CDCR 1868 was developed to assist in the evaluation and placement of in-custody participants into the SASCA program. The completed form must be signed by: (1) the Substance Abuse Provider (SAP) Inmate, (2) the SAP Provider and (3) the SAP Parole Agent. Furthermore, the SASCA contractor must file the document in the participant's file.

A sample of 40 in-custody participant files were selected for evaluation of the participants' CDCR 1868 form. Four files were missing the CDCR 1868 form, and 23 files had forms missing the signature of the SAP inmate and/or the SAP Parole Agent.

### **CRITERIA:**

1. Contract number C06.303, Reports and Recording, Files, page 23, states in part: "The SASCA Contractor shall maintain case files on all participants...The files shall include, at a minimum: (1) Substance Abuse Services Coordination Plans and revisions...."

2. Contract number C06.303, Role of Institutions and Parole Regions, paragraph 2, page 3, references that the staff and administration of the institutions and the four Parole Regions are responsible for: “Assessing and providing referrals of inmates/parolees in need of substance abuse treatment and recovery services and meeting eligibility criteria prior to their release.”

#### **RECOMMENDATION:**

Center Point should continue notifying OSATS whenever a copy of a completed and signed CDCR 1868 is not provided, so that the communication issue with the ICDTP and the Parole Agent can be addressed.

#### **FINDING 4: Documentation Missing for ASCAT Reviews and SB 1453s**

Documentation supporting the completion of the three ASCAT reviews and the SB 1453s could not be located in the participant’s file.

A review of ten SB 1453 clients identified the following:

- One instance in which none of the three ASCAT reviews could be located, in addition to no accompanying SB 1453s.
- Seven instances where only one or two ASCAT reviews were available, and in only four of those instances was there a SB 1453s.

#### **CRITERIA:**

1. Memorandum Policy No: 08-01, states in part: “There should be a minimum of three ASCAT reviews conducted on each SB 1453 parolee participant.... Final ASCAT reviews shall be conducted on the 140th day of programming and must be in person.”
2. Contract number C06.303, Amendment 1, Attachment 36, Successful Completion of Assessment, page 3, states: “The SASCA Contractor shall ensure that the CBPs complete a SB 1453, Successful Completion Certificate for parolee-participants who successfully complete the on the 150th day of treatment.”

#### **RECOMMENDATION:**

Center Point’s CSCs should follow-up with the OSATS Parole Agent when the ASCAT Review forms and the SB 1453s are not received in a timely manner and document these requests in the participant’s case file.

## **FINDING 5: Release of Information Disclosure Form Deficiencies**

The contract states the SASCA contractor shall ensure that all program participants sign and maintain a current disclosure form, which authorizes the SASCA contractor and CBPs to release information to CDCR representatives for up to three years after the final payment from CDCR. The Audits Branch identified the following issues concerning the release of information disclosure form:

1. Center Point's Release of Information Disclosure form stipulates that the "consent for release" expires upon successful completion of the client's treatment rather than three years after contract termination.

The form states:

"I (Full name and CDC Number), hereby authorize the following:

- CENTERPOINT (SASCA/SAP), its employees and agents, SASCA/SAP representative, to disclose information and/or records pertaining to the course of my in-custody treatment and community-based continuing care placement/status to appropriate personnel of the California Department of Corrections (CDC) for contract compliance, to collect data for evaluation purposes to assess my [the client's] program performance and participation.
- In any event, this consent will expire automatically upon successful completion of my [the participant's] treatment with the SASCA/SAP continuum of care."

2. A review of 51 SASCA participants identified the following:

- Two instances where the client's signature was missing.
- Two instances where the CBP name and address were not identified.
- One instance where the form could not be located.

### **CRITERIA:**

1. Contract number C06.303, Reports and Recording, Section 5 (c), page 24, Disclosure, states: "The SASCA Contractor shall ensure that all program participants sign and maintain a current disclosure form authorizing the SASCA Contractor to release information to CDCR, the in-custody contractor, the CBP, or any contractor providing program evaluation. The SASCA Contractor shall also ensure that all program participants sign and maintain a current disclosure form with each CBP with which they are placed authorizing release of information to CDCR, the in-custody contractor, or any contractor providing program evaluation, and the SASCA Contractor."
2. As incorporated by reference into the contract, General Terms and Conditions (GTC), 1005, states: "AUDIT: Contractor agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated



representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Contractor agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., CCR [California Code of Regulations] Title 2, Section 1896).”

3. The LIBG, October 20, 2006, page 11, states in part: “CDCR or any duly authorized representative shall have access and the right to examine, audit, review, excerpt and transcribe any books, documents, papers or records of the Contractor and/or sub-contractor which in the opinion of the State may be related or pertinent to this agreement....”

## **RECOMMENDATIONS:**

1. Center Point should modify the “Release of Information” form to allow CDCR personnel to review and copy participant records for assessment of program performance for a minimum of three years after final payment from CDCR.
2. Ensure that the standardized disclosure form is completed for each participant within each modality.

## **FINDING 6: Pre-release Treatment Contacts Are Not Being Adequately Documented**

1. ***Pre-Release for IPTCSAP, TTP, PSAP, and DTF participants only*** - CSCs are not adequately documenting the required contacts with the in-custody contractor, the CBPs, and the Parole AOR.

The Audits Branch reviewed the files of 24 participants, and identified the following:

- a) ***Two contacts with in-custody contractor*** - The Audits Branch used the community service plan and the initial referral form to determine if there were contacts with the in-custody contractor.
  - Seven (29 percent) instances where no contacts were documented.
  - Five (21 percent) instances where only one contact was documented.
- b) ***Two contacts with the CBP*** - The Audits Branch reviewed the Initial Referral Form, Release of Information Form, Bed Confirmation, Request for Bed Confirmation, Service Authorization, and Transportation Plan to determine if there were contacts with the CBP.

- One (or 4 percent) instance where no contacts were documented.
  - Eight (33 percent) instances where only one contact was documented.
- c) **One contact with AOR** – The Audits Branch used contact sheets and progress notes to determine if there was contact with the AOR.
- Twenty-three (96 percent) instances where no contact was documented.
2. **Pre-Release for ICDTP [1] participants only** –The CSCs are not consistently filing a copy of the CCCOE Risk Assessment form or the CDCR 1868 in the participant's file to validate that the CSCs were contacted by the ICDTP Parole Agent II and CCCOE. Furthermore, the CSCs were not adequately documenting one contact with the participant prior to their initial admittance into a CBP.

The Audits Branch reviewed the files of 20 participants, and found the following:

- a) **One contact for completion of CCCOE Risk Assessment Form** – The Audits Branch used the CCCOE Risk Assessment form or the SB 1868 form to determine if there was contact with the SASCA Contractor.
- Two (10 percent) instances where no contact was documented.
- b) **One contact with participant** – The Audits Branch used the contact sheets, progress notes, and the screening Interview to determine if there was contact with the participant.
- Three (15 percent) instances where no contact was documented.

## CRITERIA:

1. Contract number C06.303 requires the following:
- a) Regarding the "Pre-Release for IPTCSAP, TTP, PSAP, and DTF participants only.
- a) Two contacts with the in-custody contractor to participate in the development of Substance Abuse Services Coordination Plan. The SASCA Contractor must provide a copy of the SAP to the CBP (for PSAP the two contacts will be with the PSAP Parole Agent II). Written documentation of SASCA contacts shall include but not be limited to: SASCA name, SASCA advocate name, participant name, custody SAP transitional specialist signature, time in and time out for each contact.
  - b) Two contacts with the CBP to arrange for placement of the participant.
  - c) One telephone contact with the AOR."
- b) Regarding the "Pre-Release for ICDTP [1] participants only.
- a) One contact will be to the SASCA Contractor by the ICDTP Parole Agent II and CCCOE within 3 business days of the ICDTP intake. A referral package consisting of a completed CDCR Form 1868 with the name of the ICDTP jail facility substituted for the IPTCSAP and CCCOE's Risk Assessment Form shall be sent by facsimile or electronic mail to the SASCA Contractor.

- b) One face-to-face meeting with the parolee-participant shall be conducted by the SASCA Contractor within 12 calendar days of receipt of the referral package.”
- 2. Contract number C06.303, states: “Role of CDCR [includes]... facilitating communication between the contractors, institution staff, and parole field units as necessary, Alcohol and Drug Program, County Drug and Alcohol Program Administrators, and CBPs.”

## **RECOMMENDATION:**

The CSCs should document on the contact sheets, progress notes or other appropriate tracking form, all contacts made with the in-custody substance abuse coordinators, the CBPs, the AOR, the participant, and the ICDTP Parole Agent II.

## **FINDING 7: Post Release Treatment Contacts Are Not Being Adequately Documented**

The CSCs are not adequately documenting the post release monthly contacts with the participant, the Parole AOR, and the CBP.

The Audits Branch reviewed the files of 41 SASCA participants, and identified the following:

- a) ***One monthly contact with client*** – The Audits Branch reviewed contact sheets, progress notes, and the screening interview to determine if there were monthly contacts with the client.
  - a. Two (5 percent) instances where no monthly contacts were documented during the programming period.
  - b. Four (10 percent) instances where a contact was not documented for every month during the programming period.
- b) ***One monthly contact with AOR*** – The Audits Branch reviewed contact sheets and progress notes to determine if there were monthly contacts with the AOR.
  - Thirty-three (80 percent) instances where no monthly contacts were documented during the programming period.
  - Four (10 percent) instances where a contact was not documented for every month during the programming period.
- c) ***One monthly contact with the CBP*** – The Audits Branch used contact sheets and progress notes to determine if there were monthly contacts with the CBP.
  - Six (15 percent) instances where no monthly contacts were documented during the programming period.
  - Twelve (29 percent) instances where a contact was not documented for every month during the programming period.

## CRITERIA:

Contract number C06.303, Regarding the “Post-Release – Participants in Active Treatment” for all client types requires the following:

- a) One face-to-face contact each month with participants residing within 75 miles of the bidder’s program office, or one telephone contact each month with participants residing 75 miles or more from the bidder’s program office. This contact shall include a review of the participant’s assessment/treatment plan including changes in modalities, goals or factors affecting the participant’s treatment episode.
- b) One telephone contact each month with the Parole AOR.
- c) One contact each month with the CBP.

In addition, the section pertaining to *Liaison with Parole*, states: “The SASCA Contractor shall provide monthly progress reports to Parole Agents regarding their inmates/parolees in treatment.”

## RECOMMENDATION:

Center Point’s staff should ensure that the CSCs document post treatment contacts made during the activities listed in the table below:

Type of Document/Contact	Purpose
ASCAT meetings	Other contract requirements
Weekly verification of client services	Administrative function completed for billing
Service Authorization forms	Other contract requirements
Formal Admit/Discharge forms	Other contract requirements
CDCR activity reports	Other contract requirements
Participants request for extension of treatment services	Administrative function

## FINDING 8: Resident Programming Records Not Retained For Three Years

The participants’ programming records, including group sign-in sheets, were not available at three of the four CBPs reviewed (see the following table). Programming records are required to be retained and filed for a minimum of three years after final payment, as required by contract number C06.303, and for a minimum of three years following the termination of services to a resident as outlined in CCR, Title 9, Subsection 10568.E.

CBP Name	Finding
Neighborhood House	All fiscal year (FY) 2007/08 files for male residents were missing.
Project Ninety	All FY 2007/08 files for the 9th Street facility were misplaced and unavailable due to major facility renovation done in early 2007.
Manor House	Group Sign-In Sheets are retained for only a few months.
Pathway Society	No findings.

## CRITERIA:

1. Community Based Services Subcontractor Agreement, Item IX, Client Files requires: "Contractor agrees that all client files shall be maintained in accordance with licensing and certification regulations and must be sufficient to demonstrate compliance with CDCR standards. These client files shall be made available to Agency upon request. Contractor will retain all client files, including treatment records, for a minimum of three years after final reimbursement from Agency to Contractor."
2. As incorporated by reference into the contract, GTC 1005, states: "AUDIT: Contractor agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Contractor agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., CCR Title 2, Section 1896)."
3. In regards to ADP licensed facilities and its compliance requirements for program services, CCR, Title 9, subsection 10568, E, states: "Original or photographic reproduction of all resident records shall be retained for at least (3) years following termination of service to the resident."
4. The Alcohol and/or Other Drug Program Certification Standards regarding Individual and Group Sessions, page 23, states: ". . . the counselor/program specialist shall document, by signing their name and putting the date on the following information for participant's attendance at individual and group sessions. This documentation shall be placed in the participant's file:
  - 1) Date of each session attended;
  - 2) Type of session (i.e. individual or group);
  - 3) Progress towards achieving the participant's recovery or treatment plan goals;
    - a. Nonresidential programs shall document each participant's progress on a weekly basis.
    - b. Residential programs shall document each participant's progress on a weekly basis.
    - c. The progress notes shall include one or more of the following:
      - iv. Participant's progress towards one or more goals in the participant's recovery or treatment plan;
      - v. New issues or problems that affect the participants recovery or treatment plan; or

- vi. Types of support provided by the program or other appropriate health care providers.”

## RECOMMENDATION:

Center Point should ensure that CBPs maintain all supporting documents for treatment services in a secure location for a minimum of three years after final payment from CDCR.

## FINDING 9: Hiring of Ex-Offenders

1. Based on the review of SASCA’s Center Point and CBP personnel files, the Audits Branch found that five ex-offenders were hired even though they were not eligible under the contract’s terms. The contract prohibits the employment of ex-offenders under certain classifications and parole/probation status. Under certain conditions, ex-offenders may be employed if approved by OSATS.

Using the criteria in contract number C06.303, Exhibit E, Employment of Ex-Offenders, page 5, the Audits Branch identified the following:

Provider	Employee	Issue
Center Point	Employee 1	According to the criminal record statement, the employee had a felony for gross manslaughter in 1995, an unidentified felony in 1/9/05, and a parole date of 1/19/08. Because Employee 1 had prior felonies and was not cleared of parole for a minimum of three years from hire date of 4/7/07, an approval from OSATS was needed to be eligible for hire. Although Employee 1 is no longer employed, the request for approval from the OSATS was not approved until 7/18/07.
Manor House	Employee 2	Per the criminal record statement, Employee 2 had a felony for possession of drugs (1989 or 1992 not clearly stated on criminal statement record); therefore, an approval from OSATS was needed to be eligible for hire but was not obtained.
Project Ninety	Employee 3	Per the criminal record statement, Employee 3 had a felony related to domestic violence with failure to register as a 290 for oral copulation with a minor; therefore, Employee 3 was not eligible for employment.
Project Ninety	Employee 4	According to the criminal record statement, Employee 4 was on parole in San Jose in Santa Clara County until 2008. Because Employee 4 was on active probation within the past three years from hire date of April 20, 2006 and provided supervision to clients, an approval from OSATS was needed but was not obtained.
Project Ninety	Employee 5	According to the criminal record statement, Employee 5 was on probation in San Mateo until January 20, 2009. Because

		Employee 5 was on active probation within the past three years from hire date of March 1, 2007, an approval from OSATS was needed to be eligible for hire but was not obtained.
--	--	---

2. A discrepancy in contract language exists in the CBP Community Based Services Subcontractor Agreement and contract number C06.303 regarding employment of ex-offenders. The Agreement incorporated "Provision number 14, Employment of Ex-Offenders, of Exhibit D", which was superseded by "Exhibit E – Employment of Ex-Offenders" in contract number C06.303.

## **CRITERIA:**

1. Exhibit E of contract number C06.303, pages 5-6, states in part the following:
  - "g. The contractor cannot be and will not either directly or on a subcontract basis, employ in connection with this Agreement:
  - h. Ex-Offenders on active parole or probation, or who have been on active parole or probation during the last three years preceding their employment.
  - i. Ex-Offenders required to register as a sex offender pursuant to Penal Code Section 290.
  - j. Ex-Offenders convicted of drug trafficking in prison/jail; escape or aiding/abetting escape; battery on a Peace Officer or Public Official; arson offenses; or any violations of Penal Code, Sections 4570-4574 (unauthorized Communications with Prisons and Prisoners Offenses).
  - k. The Contractor shall only employ ex-offenders who can provide written evidence of satisfactorily completed parole or probation, and who have remained off parole or probation, and have had no arrests or convictions within the past three years.
  - l. The Contractor shall obtain prior written approval from the Chief of the Office of Substance Abuse Programs (OSAP) to employ ex-offenders in a position that provides direct supervision of inmates/parolees, and who have any conviction for any offense listed in Penal Code, Section 667.5(c). An ex-offender whose assigned duties will involve administrative or policy decision-making, accounting, procurement, cashing, auditing, or any other business related administrative function shall be fully bonded to cover any potential loss to the State or contractor. Evidence of such bond shall be supplied to the Chief of OSAP prior to the employment of the ex-offender.



- m. In addition, ex-offenders convicted of Penal Code Section 10222.5 offense for use of firearm, or for burglary, extortion, or robbery will not necessarily be precluded employment in the In-Prison Substance Abuse Programs (SAPs), Substance Abuse Services Coordination Program (SASCA), Female Offender Treatment and Employment Program (FOTEP), and the Parolee Services Networks (PSN). The Chief of OSAP shall review such ex-offenders on a case-by-case basis to determine whether or not the applicant will be approved for employment.”

## **RECOMMENDATIONS:**

1. Center Point should contact all of their CBPs and verify that the subcontractors are applying the appropriate criteria in screening and hiring ex-offenders.
2. Center Point needs to re-screen all staff with the appropriate criteria. If necessary, obtain approval from OSATS for staff that may be ineligible for employment.
3. Center Point should update the Community Based Services Subcontractor Agreement with the appropriate reference to Exhibit E of contract number C06.303.
4. Center Point should obtain a conditional approval in writing from OSATS prior to hiring an employee.

## **FINDING 10: Transportation Data Deficiencies**

The transportation information is incomplete and not maintained in the format required by the contract. The SASCA contract requires that monthly invoices submitted to CDCR include travel logs to support SASCA transportation costs. The monthly travel logs include trip miles, name of client transported, location to and from, driver's name, and trip cost which is based on a mileage rate.

The following deficiencies are listed below:

1. The Drivers' name was excluded from three travel logs submitted to OSATS for FY 2007/08.
2. The transportation information is not being saved in electronic format as required by the contract. The electronic spreadsheet used by Center Point to create the travel log is deleted at the end of each month after a hard copy of the invoice is submitted. A PDF file is kept. Furthermore, some transportation fields in SASTRAK were left blank.
3. Vehicle Mileage Logs completed by Center Point drivers could not be provided by Center Point. Vehicle mileage logs document vehicle usage for both SASCA transportation and other Center Point programs, and are used to support the monthly travel logs.

## **CRITERIA:**

Contract number C06.303, page 30, states: "The SASCA contractors are required to complete a monthly travel log on all leased/purchased vehicles with the SASCA funds and/or vehicles used to transport SASCA participants where mileage reimbursement is being requested. The monthly travel log must include the following data elements: Month, Year, Headquarters of Car, SASCA Name, Date, Odometer reading (start and ending), Trip Miles, From Location, Time of Departure, To Location, Time of Arrival, Storage, Driver Name, Reason for Transport, Parolee(s) Name & CDC#."

Request for Proposal number 060132, page 119, Item I, states: "Center Point currently maintains weekly travel logs for all dedicated vehicles which are then reconciled to a monthly master transportation log."

Contract number C06.303, Exhibit A, Item 2, page. 25, states: "Contractor shall collect and maintain electronic information documenting activities associated with the transportation of in-custody inmates/parolees from the institution/jail to CBPs."

Contract number C06.303, Exhibit A, Item 4, page 25, states in part: "Participant information collected shall be sufficient to ensure that minimum service levels are being met. The information tracking system shall have, at a minimum, the following data elements... transportation related activities...."

## **RECOMMENDATIONS:**

1. Ensure that all required information is included on the Transportation Logs submitted to OSATS.
2. Save the Transportation Logs in Excel format and submit to OSATS monthly.
3. Maintain a file for each vehicle, which includes the vehicle mileage logs for that vehicle for a minimum of three years after the ending date of the contract. Control of vehicle usage would be strengthened and easier to audit.
4. Explore the feasibility of tracking client transportation, vehicle logs, transportation plans, etc., using the SASTRAK data base.

## **FINDING 11: Missing Documentation for Global Outreach Presentations**

Global Outreach Presentations are designed to provide SAP participants with information about the benefits of participation in a CBP, the expected lengths of stay, treatment expectations, and general outcome goals. Contract number C06.303 requires that presentations be completed quarterly and documented in the monthly narrative report.

1. To determine if Global Outreach Presentations were being performed quarterly, the Audits Branch reviewed Center Point's outreach records for the CMC, SOL; and the CTF for the period of January 1, 2008 through December 31, 2008.

The Audits Branch found there were no Monthly Presentation Activity Reports verifying that outreach presentations were performed at SOL for the 2nd and 4th quarters, and at the CTF for the 1st, 3rd, and 4th quarters.

2. A review of the Center Point's Monthly Progress Reports submitted to OSATS found the reports did not include references to Center Point's outreach activities, as required by the contract.

#### **CRITERIA:**

1. Contract number C06.303, Exhibit A, Item 5, page 20, states in part: "The SASCA Contractor must document the in-custody outreach presentation(s) to include at a minimum the following elements: in-custody program name, date of visit time in and time out, in-custody program director signature, SASCA Contractor advocate name, SASCA Contractor, number of participant attendees and program/participant concerns. Outreach efforts must be documented in the monthly report...."
2. Contract number C06.303, Exhibit A, Item 3, page 20, states: "The SASCA Contractor shall be responsible to provide outreach to the in-custody programs in their regions at a minimum every quarter."

#### **RECOMMENDATIONS:**

1. The CSCs should document all Global Outreach Presentation activities provided at the assigned institutions and forward the records to Center Point's SASCA office.
2. Center Point should keep the Global Outreach records in chronological order, by institution, and report this information in the monthly narrative reports submitted to OSATS.

#### **CENTER POINT'S RESPONSE:**

A CSC was at SOL for the required Global Outreach Presentations during the 2nd and 4th quarters of FY 2008, but Center Point agrees with the Audits Branch that the CSC didn't document the visits or the reason for the cancellations. Center Point contends that the Quarterly Global Outreach Presentations were conducted at CTF and the required supporting contact forms and rosters of participants were provided to the Auditors.

#### **AUDITS BRANCH RESPONSE:**

As part of their response to the draft report, Center Point provided the Audits Branch with Monthly Presentation Activity Reports verifying that outreach presentations

occurred at CTF for the 1st, 3rd, and 4th quarters of 2008. However, Center Point did not provide sufficient documentation indicating that services were provided at SOL during the 2nd and 4th quarters of 2008.

**OBSERVATION 1: Incompatible Program Placement**

During an interview with the Audits Branch, a participant at Project Ninety stated he had difficulty comprehending reading and writing assignments. He also stated he was stressed out because he couldn't complete his reading and writing assignments on time, and had twice considered abandoning the program.

**RECOMMENDATION:**

Center Point should work with OSATS to ensure that participants are placed within programs that are compatible with the participant's literacy level.

## GLOSSARY

---

<b>ADP</b>	Department of Alcohol and Drug Programs
<b>ASCAT</b>	Aftercare Successful Completion Assessment Team
<b>AOR</b>	Agent of Record
<b>CBP</b>	Community Based Provider
<b>CCCOE</b>	Contra Costa County Office of Education
<b>CCR</b>	California Code of Regulations
<b>CDCR</b>	California Department of Corrections and Rehabilitation
<b>CDCR 1868</b>	Community Services Plan—Substance Abuse Program
<b>Center Point, Inc.</b>	Center Point
<b>CLLR</b>	County of Last Legal Residence
<b>CMC</b>	California Men's Colony
<b>CSC</b>	Community Service Coordinator
<b>CTF</b>	Correctional Training Facility
<b>DTF</b>	Drug Treatment Furlough
<b>FY</b>	Fiscal Year
<b>GTC</b>	General Terms and Conditions
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>ICDTP</b>	In-Custody Drug Treatment Program
<b>IPTCSAP</b>	In-Prison Therapeutic Community Substance Abuse Program
<b>LIBG</b>	Line Item Budget Guide
<b>NA</b>	Narcotics Anonymous
<b>OAC</b>	Office of Audits and Compliance
<b>OSAP</b>	Office of Substance Abuse Programs
<b>OSATS</b>	Office of Substance Abuse Treatment Services
<b>PSAP</b>	Parolee Substance Abuse Program
<b>RES</b>	Residential (type of modality)
<b>SAP</b>	Substance Abuse Program
<b>SASCA</b>	Substance Abuse Services Coordination Agency
<b>SB 1453</b>	Successful Completion Certificates
<b>SASTRAK</b>	Substance Abuse Services Tracking System
<b>SOL</b>	California State Prison, Solano
<b>TTP</b>	Transitional Treatment Program

# Center Point, Inc.

CORPORATE OFFICE  
135 PAUL DRIVE  
SAN RAFAEL, CA 94903  
P 415 492 4444 F 415 492 8844  
CPMAIL@CPINC.ORG

February 19, 2010

Richard C. Krupp, Ph.D.  
Assistant Secretary, Office of Audits and Compliance  
California Department of Corrections and Rehabilitation  
1515 S Street  
Sacramento, CA 95814

**Re: Preliminary Audit Report; Program Compliance Audit, Contract Number C06.303**

Dear Dr. Krupp:

Please find attached Center Point's response to the Preliminary Audit Report – Program Compliance of Contract Number C06.303.

The preliminary audit report dated January 21, 2010, was received in our office on January 27, 2010. Our response to each preliminary finding is offered without attachments or documents in that the supporting documents have been presented, explained, and described during the field review. These documents are available upon request if deemed helpful.

Sincerely,



Sushma D. Taylor, Ph.D.  
Chief Executive Officer

**CENTER POINT, INC**  
**RESPONSE TO THE CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION**  
**OFFICE OF AUDITS AND COMPLIANCE, AUDITS BRANCH: PRELIMINARY AUDIT REPORT**  
**PROGRAM COMPLIANCE AUDIT, SASCA REGION II**

**SUBMITTED FEBRUARY 19, 2010**

On January 27, 2010, Center Point, Inc. received the preliminary audit report pertaining to program compliance issues for the contract number C06.303. Our response to the draft report is contained herein.

On January 15, 2009, Center Point's Chief Executive Officer and Vice President participated in a telephone entrance conference with the Office of Audits and Compliance (OAC) and the Office of Substance Abuse Treatment Services (OSATS) during which the parameters of the audit were outlined as well as the anticipated timeline of activities. Subsequently, as formally requested in a January 21, 2009 letter, Center Point provided OAC with a number of documents pertaining to the operation of SASCA Region II. Other documents, as instructed, were prepared for review during the field review, scheduled to start in March 2009. Beginning the week of February 9, 2009, the auditors initiated telephone interviews with selected members of the SASCA staff, including the Program Manager, Coordinators, Community Service Coordinators, Drivers, and fiscal staff. The telephone interviews continued for approximately three weeks, during which the SASCA staff were asked to explain their roles and responsibilities, the roles and responsibilities of the Office of Substance Abuse Treatment Services (formerly the Division of Addiction and Recovery Services), and the roles and responsibilities of the in-prison treatment provider staff vis-à-vis the coordination of SASCA activities including pre- and post-placement services, community-based provider referrals, transportation, invoicing and reconciliation, and case management services.

Center Point staff and management responded to all of the questions raised by the OAC auditors and provided detailed explanations, although many of the questions were outside the SASCA scope as they related to CDCR policies and procedures. The SASCA is a complex, multi-layered project, requiring the expertise and understanding of many overlapping and sometimes confounding systems – Department of Alcohol and Drug Programs (ADP) licensing and certification standards; Division of Adult Parole Operations supervision and reporting requirements; Board of Parole Hearings mandates; oversight by eighteen different county alcohol and drug program departments within Region II; OSATS contractual requirements and obligations; and community-based provider subcontract obligations.

Throughout the course of the field audit, members of the Center Point Senior Management team and SASCA staff continued to respond to questions and requests for supporting documents. Numerous clarifications regarding the scope of the contract and subcontracts as well as the project and services were provided and additional supplemental documents were submitted to help clarify systems-related confusion and misconceptions. Through the course of numerous follow-up phone calls, emails, and field discussions, Center Point staff clarified the scope of work as it pertained to SASCA activities. In response to contemporaneous recommendations made by the auditors, additional procedures were implemented during the course of the field audit and supporting documents were provided to demonstrate these processes. The audit team returned to the field on several occasions to review and document the new or revised procedures.

On October 22, 2009, the auditors met with Center Point's Chief Executive Officer and Vice President and discussed their initial findings. By mutual agreement, Center Point staff presented, and the auditors reviewed, a variety of documents that addressed the initial findings. Many of the findings detailed in this draft preliminary



report were discussed, clarified, and reviewed. This report does not include references to this additional review. Therefore, we are submitting this information with this response.

## **Response to the SASCA Region II Program Compliance Audit – Preliminary Audit Report**

### **FINDING 1: Programming Hours Not Met at Residential Facilities**

Determining the number of programming hours provided by community based providers was the subject of lengthy discussions with the audit team. The SASCA staff explained all of the various services and activities that are routinely included along with the various documents, logs, and reports that are utilized to determine the hours of services provided each week. Further explanations were provided to differentiate between therapeutic, social, and recreational activities and that each of these services are an allowable activity (from both the SASCA contractual perspective as well as from the Department of Alcohol and Drug Programs licensing requirements). It was explained that per Attachment B of community based provider subcontracts, SASCA-funded community-based providers are required to “provide a minimum of twenty (20) hours of face-to-face individual and group activities for each participant, plus a minimum of six (6) hours of supplemental individual and group activities, scheduled across at least six (6) days a week. A participant’s hours may vary from week to week but should average 26 hours per week over the duration of treatment. These hours will include recreational, social, and educational activities”.

It would appear that the calculation of the weekly treatment hours is inaccurate in that it does not take into account either that the number of hours is based on an average over the course of the entire treatment episode or that the number of hours are reduced for participants in the re-entry/vocational phase of programming to allow for their participation in off-site vocational services and employment-related activities.

While the auditors contend that the community-based providers “did not have a system in place to adequately monitor the group programming and individual counseling sessions being accumulated by the participants”, Center Point maintains that documentation of hours is reflected in case notes, clinical charts, facility logs, sign-in and sign-out sheets, shift reports as well as activities that are recreational and social in nature. These documents are typically not part of a clinical chart but are maintained in separate files. As was suggested during the field audit, interviews with the staff and participants would clearly identify these additional services and demonstrate provider compliance with the required programming hours. During the monthly case management contacts SASCA staff routinely review participant charts and meet with the participants and counselors to verify that the required number of service hours is being met through a review of progress notes, treatment plans, and group rosters.

The audit report also states that counselors and staff cannot “ensure that all participants are receiving the contractually required programming hours”. However, during the field audit Center Point staff provided copies of CBP Activities Schedules, Group Rosters, Individual Session sign-in logs, and other documents that demonstrated that participants were engaged in treatment activities for the requisite number of hours. These documents are routinely reviewed by the Community Services Coordinators during regularly scheduled case management site visits to ensure overall compliance with 26 hours per week of programming. Lastly, the auditors were provided with copies of the SASCA Region II quality assurance review forms that are used to conduct weekly utilization reviews of each provider. These forms provide an opportunity to determine compliance and/or to provide corrective action plans and technical assistance.

It is important to note that ADP does not require that licensed providers use a uniform tracking system or a standardized instrument to accurately capture the number of hours of programming services. The Activity

Schedule is the only document that ADP requires to determine compliance with licensing and certification treatment hours mandates.

With respect to the auditor's assertion that Neighborhood House did not provide adequate programming across six (6) days a week for male ICDTP participants, their Activity Schedule clearly shows that they are in compliance with this requirement. The Fauerso House Daily Schedule accounts for three hours of NA Meetings and 1.5 hours of Counseling Group for a total of 4.5 hours of services on Saturday. The Daily Schedule for Sunday lists an additional 3.5 hours of group services, thereby offering eight (8) hours of services over the course of Saturday and Sunday. Quality Assurance and Program Accountability Review – Contract Compliance (PAR) visits have routinely verified these hours.

SASCA Region II is currently in compliance with both recommendations made by the OAC team: community based providers are contractually required to maintain adequate documentation verifying that participants receive the required number of service hours and community services coordinators routinely review and evaluate programming schedules and client files to ensure that providers meet this requirement with respect to both the number of hours provided and the number of days each week services are available.

## **FINDING 2: Treatment Plans Not Completed Within Five Days**

Center Point contends that the auditors incorrectly applied the contractual objective regarding the development of the participant treatment plans. Amendment 1 of contract number C06.303, cited by the OAC team, requires that the SASCA ensure that "an assessment/treatment plan is completed for each SASCA participant within five (5) calendar days of admittance..." In their review of community based provider client charts the auditors exclusively focused on the treatment plan document and used the date that this document was completed and signed.

Center Point asserts that the treatment plan is the final step and that the community based providers complete the Addiction Severity Index (ASI) or another assessment interview well within the required timeframe. The results of the ASI or other instrument are utilized to then develop an individualized treatment plan for each participant. The contract requires the "assessment/treatment plan" must be completed within five days of the participant's admission date; SASCA Region II determines compliance by reviewing the date that the ASI or other assessment instrument was completed. {Effective July 1, 2009, under the terms of the new SASCA contracts, the ASI became the mandatory assessment interview.} The requirement of an assessment/treatment plan is interpreted to mean an assessment or treatment plan, but not necessarily both. With respect to the development of the actual treatment plan, Center Point complies with the ADP standards which call for programs with a duration of 30 days or less to develop the plan within ten days of admission and programs with a duration of 31 days or more to develop the plan within fourteen days of admission. Outpatient (non-residential) programs are required to develop the treatment plan within thirty days of admission. Sober Living Environments are not required to develop a treatment plan.

A further review of the dates of the completed treatment plans revealed full compliance with the timeframes. ADP is the State Agency charged with the responsibility of establishing, promulgating and monitoring standards of care for substance disorder prevention and treatment. Treatment programs comply with the standards and guidelines determined by ADP. In that the SASCA system requires community based providers be licensed and certified by ADP, the regulatory standards determined by ADP should prevail. SASCA staff do not have the legal or administrative authority to contravene these regulations.



Center Point is in full compliance with the recommendation of implementing controls to ensure that assessments are completed within five days. Monthly site visits determine compliance with the completion of assessments, progress notes, frequency and hours of services, and other treatment requirements. Program Accountability Review – Contract Compliance (PAR) visits are also utilized to ensure compliance with the timely completion of required assessments and treatment plans.

### **FINDING 3: CDCR 1868-Community Service Plan Deficiencies**

The auditors identified that a percentage of CDCR 1868 forms lacked the authorizing signature of the OSATS Parole Agent assigned to the in-custody substance abuse programs (SAP). While Center Point acknowledges that these signatures are missing, the OAC recommendation that SASCA staff notify OSATS when a completed and signed CDCR 1868 form is not signed by the required parole agent is a matter of routine procedure for SASCA Region II. The OSATS Program Manager, the SAP manager and/or transitional counselor, and the OSATS parole agent are contacted routinely about the missing signatures.

Center Point SASCA staff do not have the authority to compel compliance. The authority to enforce CDCR/OSATS policies and procedures rests with the CDCR/OSATS. SASCA has no recourse other than to delay placement until all signatures are obtained. This would result in the SASCA being out of compliance with contractually required timeframes as well as vocal complaints from the community based providers that they are not receiving adequate referrals.

That the signatures of OSATS parole agents are not included on CDCR 1868s is not a new concern. The four regional SASCA's have raised this topic in the Continuing Care Committee meetings (attended by representatives of each SASCA, SAPs, and OSATS) in order to seek a systems response and solution. Center Point has utilized this forum to seek clarification as to who can sign the various required forms and to determine if CDCR/OSATS would allow alternative designations. To date, OSATS has not provided new policies, procedures, or direction. Center Point's SASCA Monthly Progress Reports routinely reflects this concern.

The CDCR 1868 is required to initiate and authorize the SASCA to place SAP participants into community-based aftercare. The form is generated by OSATS and is completed by in-custody SAP transitional counselors as well as the OSATS parole agents. The CDCR 1868 forms the basis of the referral packet required for SASCA aftercare placement coordination and case management activities. That the inclusion of the appropriate signatures and authorizations has been an ongoing problem is not the responsibility of, nor is it under the control of the SASCA and should not be a finding in the SASCA Program Compliance Report. The SASCA works diligently to process all SAP referrals for timely placement in aftercare treatment. As mentioned above, withholding placement referral packets until they are signed by the OSATS parole agents jeopardizes the contractually mandated timeframes for placements and will lead to a reduction in the overall aftercare placement rates. The SASCA has no authority to deny placement in the absence of a fully completed CDCR 1868.

As recommended by the auditors, SASCA Region II will continue its customary practice to utilize the Monthly Progress Reports, the Continuing Care Committee meetings, and routine communications with OSATS Program Managers to highlight this issue.

### **FINDING 4: Documentation Missing for ASCAT Reviews and SB1453 Certificates**

Participants endorsed and placed in SB1453 programming are eligible to be released from parole upon successfully completing 150 days of community-based treatment, as determined through the ASCAT team meetings process. The ASCAT review requires the participation of a contractually specified team including a

representative of the community-based treatment provider, the participant, the SASCA community services coordinator, and the assigned OSATS parole agent. The SASCA is responsible for notifying each ASCAT member and for coordinating the scheduling of the three ASCAT reviews during the course of the participant's treatment episode. The ASCAT review minutes are documented by the SASCA community services coordinator on a CDCR form (SB 1453 review form) which is provided by the OSATS agent. Following the ASCAT meeting the OSATS agent is responsible for reviewing and approving the minutes, signing the ASCAT review form, and returning it to the SASCA and the community-based provider for inclusion in the participants file.

The ASCAT-approved SB1453 Successful Completion Certificate is also a CDCR form that is the responsibility of the OSATS agent to provide on the 150<sup>th</sup> day of programming, following the recommendation of the final ASCAT review. The SASCAs and treatment providers rely on the OSATS agent to provide the document to the participant in a timely manner along with a copy of the Successful Completion Certificate for file placement. As these are legal documents, they can only be generated under the authority of the CDCR and provided by the OSATS agent. SASCA Region II has reported issues with the ASCAT process to OSATS representatives and in our SASCA monthly reports. The SASCAs and the parolee-clients must rely on CDCR/OSATS agents to provide these legal documents which finalize parole supervision status. The SASCA's ability to obtain the ASCAT documents and the completion certificates is limited to making repeated requests during and after the reviews.

The contractual criteria states that the successful completion certificates and the minutes of the reviews should be placed in the participants SASCA file. However, these documents are not generated, developed, or controlled by the community-based treatment provider or the SASCA community services coordinators. While the SASCA has been informed by CDCR/OSATS that the ASCAT review documents and certificates of completion are retained in the parolee central file, the SASCA has no access to these files.

During the course of the field audit, SASCA staff discussed these concerns. The authority to enforce CDCR/OSATS policies and procedures rests with the CDCR/OSATS. That the signatures of OSATS parole agents are not included on SB1453 documents is not a new issue. The four regional SASCAs have discussed this in Continuing Care Committee meetings (attended by representatives of each SASCA, SAPs, and OSATS) in order to seek a systems response and solution.

The OAC recommendation that community services coordinators "ensure that copies of all three ASCAT Reviews and SB1453 Certificates are obtained and filed in the participants' files" is clearly outside the authority, control or responsibility of the SASCA.

#### **FINDING 5: Release of Information Disclosure Form Deficiencies**

OAC recommends that Center Point modify the SASCA Region II Release of Information form so as to allow CDCR personnel access to review and copy participant records for assessment of program performance for a minimum of three years. However, as was explained during the field audit, the Health Insurance Portability and Accountability Act (HIPAA) compliant Business Associates Agreement (included in the SASCA contract) obviates this necessity as it grants such authority to the CDCR as a "Covered Entity". Center Point's subcontracts with the community based providers include this provision and advise the providers to grant such access. Furthermore, the Business Associates Agreement does not expire until the contract terms conclude, allowing CDCR personnel access to participant files throughout the length of the contract. Community based providers receive technical assistance and training to help ensure their understanding of these requirements. That the auditors found that less than 10% of the charts reviewed had missing information speaks to the success of the training and compliance.



OAC further recommends that Center Point ensure that a standardized disclosure form is completed for each participant within each modality. Center Point's Release of Information form is utilized so that client files are protected not only by HIPAA but also by the far more restrictive federal confidentiality regulations protecting participants in substance abuse treatment (42 CFR, Part 2). This form was included in Center Point's proposal in response to the RFP. The standardized form is by extension part of Center Point's contract and has been reviewed routinely by OSATS to ensure that it is in compliance with contractual obligations.

As referenced, modifications to the Release of Information form are not necessary to allow CDCR personnel access to the participant files. Indeed, the recommended modification would render the form no longer compliant with the federal confidentiality regulations which dictate that a consent must last "no longer than reasonably necessary to serve the purpose for which it is given" (42 CFR, Part 2.31(a)(9)). Lastly, as discussed previously, the Business Associates Agreement provides the necessary consent for the OAC team to have access to participant files and Center Point's subcontracts require that the community based providers grant this access upon request.

#### **FINDING 6: Pre-Release Treatment Contacts Are Not Being Adequately Documented**

**For Pre-Release contacts for IPTCSAP, TTP, PSAP, and DTF participants only:** The OAC team reviewed the Community Service Plans and the Initial Referral Forms to determine if the required number of contacts with the in-custody contractor had been completed by the SASCA. However, the auditors did not review or consider additional contacts between the community services coordinators, the SAP, and the community based providers necessary to complete the transportation plans, bed confirmations with the community-based provider, and the Release of Information form completed while the participant is still in-custody. SASCA Region II contends that if the auditors had considered these additional variables, the number of in-custody contacts would have been recognized as being in compliance with the contract.

As is the case with other findings, Center Point's management and SASCA staff spent considerable time reviewing this issue with the auditors. In order to fully coordinate community based placements the SASCA must address how the parolee will get from the institution to the provider. Developing a transportation plan requires contact with the in-custody provider to confirm parole dates; contact with the community based provider to confirm the admission date; and contact with either the agent of record or the unit supervisor to advise them that the participant is returning to the county. Each of these contacts is in addition to the pre-release contacts with the in-custody provider to develop the aftercare services plan and contacts with the community provider to determine whether the participant will be accepted into treatment.

The auditors also reviewed the Initial Referral packets, Releases of Information, Bed Confirmation, Service Authorizations, and Transportation Plans to determine if there were sufficient contacts with the community based providers. The SASCA cannot finalize placement decisions without first confirming that the community based provider has accepted the participant. The signed Bed Confirmation and Service Authorization provide this confirmation and each document represents by definition a contact with the provider. As with the pre-release contacts referenced above, Center Point contends that additional review of these documents and the SASCA pre-placement logs maintained by the placement coordinator would have demonstrated compliance in this area.

The auditors further reviewed participant contact sheets and progress notes to determine if there had been pre-release contacts with the assigned Agent of Record in the county of last legal residence. This is a challenge to accomplish during the limited time frames prior to release. In our efforts to contact the "Agent of Record" prior to the release of participants, SASCA Region II community services coordinators found this task mostly futile. On

contact with the designated parole unit supervisors it was often determined that there had yet to be an assigned agent of record, that the assigned AOR had been changed, and/or that the AOR was routinely unavailable due to field supervision and training activities. While documentation of these attempts to contact the AOR might not be sufficient, to hold the SASCA accountable for DAPO-related policies and procedures seems without merit as the SASCA has no authority to enforce these issues.

In summary, the pre-release contacts are accomplished through a series of direct communications with each of the required entities and are reflected by the completion of the Community Service Plan. Many of these contacts can be verified in the placement logs and the faxes between the SASCA, SAPs, and community based providers which were available for review during the field audit.

**For Pre-Release contacts for ICDTP (I) participants only:** The auditors reviewed the CCOE Risk Assessment, the CDCR 1868, participant contact sheets, progress notes and the SASCA Region II screening interview to determine contacts between the SASCA contractor and the participant. Center Point contends that an additional review of the faxed ICDTP community-based provider placement documentation and the SASCA placement and tracking logs would have shown that SASCA Region II is in compliance. Additionally, interviews with the assigned OSATS Parole Agent IIs in the ICDTP jails in Santa Clara, Del Norte, and Contra Costa County would have corroborated that Center Point has met the requirement for pre-release contacts and planning. The primary in-custody SASCA contact is between the ICDTP OSATS Parole Agent II, the SASCA ICDTP placement CSC, ICDTP participant and jail housing staff. SASCA Region II has maintained these contacts as required by the contract. As with the pre-release contacts to coordinate SASCA placements, the ICDTP placements cannot be finalized without a signed Bed Confirmation and Service Authorization.

Center Point accepts the recommendation that the community services coordinators should more comprehensively document all pre-release contacts. However, during the field audit the OAC team was shown all of the above referenced documents and considerable time was spent explaining how each represents a contact. The auditors indicated that their review of the additional supporting documents did, indeed, verify compliance with the required number of contacts. The notion that all contact activities are not neatly chronicled in one document, file or schedule should not result in the false conclusion that the required contacts are not being made.

#### **FINDING 7: Post Release Treatment Contacts Are Not Being Adequately Documented**

The OAC auditors reviewed participant contact sheets, progress notes, and the SASCA Region II screening interview to determine the extent and frequency of monthly contacts with the client. Center Point contends that the audit team's review of additional documents such as ASCAT reports, as well as a review of provider requests for extension of treatment services would have increased the awareness of compliance in this area as each of these activities can only be accomplished through at least one monthly, but often more contacts with the clients, the agents of record, and the community based providers.

The auditors reviewed the SASCA contact sheets and participant progress notes to determine if there were sufficient monthly contacts with the agents of record. Center Point contends that the audit review of additional relevant activity reports, ASCAT meetings and completion reviews, and admit/discharge reports would have further demonstrated compliance in this area. However, as discussed during the field audit, AOR contacts are problematic for the SASCA in that information as to the name of the agent of record is not readily available to SASCA community services coordinators. Assigned parole agents often change, especially those assigned to low-risk offenders, with no identified system in place for notifying the SASCA. Parole agents spend a substantial amount of their work time in the field and thus the SASCA staff have no alternative means of contact with the



AOR other than a message left on the agent's voice mail or a fax. This is a CDCR systems issue and, as such, should not be considered. The authority to enforce CDCR/OSATS policies and procedures rests with the CDCR/OSATS.

The auditors reviewed participant contact sheets and provider and SASCA progress notes to determine if the SASCA completed at least the minimum number of monthly contacts with the CBPs. Center Point contends that additional reviews of ASCAT meetings and documentation, required weekly verification of client services documents, service authorization forms, formal admit/discharge forms, CDCR activity reports and participant requests for extension of treatment services show that SASCA Region II is in substantial compliance in this area. Each of these activities can only be accomplished through contacts with the community based providers.

Lastly, as discussed throughout the course of the field audit, all of the referenced post-release contacts with OSATS, community based providers, participants, Parole Agent IIs, and agents of record that occur during a participant's treatment episode are relevant communications regarding the clients' treatment services. While these contacts are not documented on one customary client contact form, consideration should be given for these contacts as they are fundamental to effective case management and coordination. As with the pre-release contacts, Center Point accepts the recommendation that the community services coordinators should more comprehensively document all pre-release contacts. However, during the field audit the OAC team was shown all of the above referenced documents and considerable time was spent explaining how each represents a contact. Again, as with the pre-release contacts, the auditors indicated that their review of the additional supporting documents did, indeed, verify compliance with the required number of contacts.

#### **FINDING 8: Resident Programming Records not retained For Three Years**

The retention of resident programming records as required by the contract and subcontracts only applies to client clinical treatment files. It is unclear as to what type of resident programming records are referenced here. All programs meet the legal threshold for the retention of "client records". The auditors recommendation that Center Point ensure that community based providers maintain "all supporting documents for treatment services in a secure location for a minimum of three years after final payment from CDCR" is too general and broad to ensure compliance.

RFP 060132, which resulted in the SASCA Region II contract, does not address or stipulate the contents of the client file. The RFP provides extensive, detailed explanations regarding the requirements for each modality of service, the required number of service hours, staff to client ratios, and other treatment requirements that the SASCA must include in the subcontracts. The RFP does not detail the contents of the provider's client charts. The RFP does provide specifics for the contents of the SASCA participant case files and lists the seven (7) items that must be included at a minimum. In the absence of CDCR/OSATS guidelines, Center Point, through the subcontracting process, requires the community based providers to maintain client files in compliance with ADP requirements and guidelines. As the auditors cite in their report, ADP has specific requirements regarding the content and format of client charts. These requirements include the dates and types of sessions attended by the clients and the format and content of progress notes that relate to treatment plans. ADP does not, however, require that the supporting documents referenced above be maintained in the clinical files.

Neighborhood House: Although not available during the field audit, the fiscal year files 2007/08 for male residents have been located and are available for OAC review.

Project Ninety: Although not available during the field audit, all fiscal year 2007/08 files for the 9<sup>th</sup> Street facility have been located and are available for OAC review.

The Manor: Group sign-in sheets are used as an attendance roster and have multiple names on a single sheet (thereby presenting confidentiality issues). These cannot be used to document individual clinical services. Documentation of services is provided in individual client files which are maintained for three years. In that these rosters are not used to determine the number or type of services, retention of these rosters would not serve a useful purpose. The expense associated with unreimbursed storage costs is also a consideration against retaining these rosters, particularly since the information is available elsewhere.

#### **FINDING 9: Hiring of Ineligible Ex-Offenders Employed**

Center Point strongly disagrees with the OAC findings in this area. As with other issues addressed throughout the preliminary audit report, Center Point's senior management team had a number of conversations regarding the auditor's interpretation of this requirement. Specifically, Center Point does not agree that the SASCA has either a legal or contractually implied authority to dictate who community based providers can employ. While the subcontracts address the issue of the criminal backgrounds of community based provider counselors and staff, and provide guidance regarding the CDCR/OSATS expectations, Center Point has no authority and cannot police the employment and hiring practices of the providers. Personnel records are considered private for other than legal, regulatory, or government authorities. SASCA staff would not be able to access personnel records of community based providers to audit compliance with this policy.

Also, the SASCA does not fund all of the beds or outpatient slots of any of the providers in the Region II network. In fact, SASCA referrals account for a small percentage of the majority of the provider's overall budgets. The key phrase in the SASCA contract is cited by the auditors themselves. "The contractor cannot be and will not either directly or on a subcontract basis, employ in connection with this Agreement..." ex-offenders who have been convicted on a variety of specific charges. During the field audit Center Point explained to the auditors that the community based providers typically have multiple funding streams including county, state, federal, private insurance, and grant funding. While we continue to assert that as a contractor to a state agency Center Point does not enjoy the authority of that state agency, even with a degree of authority our purview would be limited to those counselors and staff employed by providers in "connection with this Agreement". In the absence of receiving detailed records and cost reports from each provider, determining which counselors are "connected with this Agreement" is not possible.

Center Point: Employee 1 was an "on-call" non-counseling and non-client supervision employee and, therefore is not "connected with this agreement".

Manor House: Employee 2 had been hired in 1997 and pre-dated the SASCA contract.

Project Ninety: According to the Executive Director of Project Ninety, Employee 3 was affiliated with a county contract and did not provide counseling or supervision of SASCA-funded participant.

Project Ninety: According to the Executive Director of Project Ninety, Employee 4 was affiliated with a county contract and did not provide counseling or supervision of SASCA-funded participant.

Project Ninety: According to the Executive Director of Project Ninety, Employee 5 was a Program Aide who did not conduct counseling or client supervision functions and was not associated with SASCA-funded participants or activities.

With respect to the recommendations in this finding, Center Point provides technical assistance and training for the provider network regarding the hiring of ex-offenders, especially for those providers who primarily serve



criminal justice-referred clients. In addition, and as noted by the audit team, SASCA Region II subcontracts include the CDCR/OSATS provisions regarding the employment of ex-offenders and does assert that it is the provider's responsibility to apply the appropriate criteria in screening and hiring ex-offenders. The recommendation to update the community based provider subcontractor agreements to accurately reflect the amended version of the hiring criteria was made during the field audit and was immediately implemented by SASCA Region II. The audit team was provided with a copy of the amended subcontractor agreement at that time.

#### **FINDING 10: Transportation Data Deficiencies**

Despite the auditors assertion to the contrary, SASCA Region II maintains a computerized system for tracking transportation services. The tracking system keeps an account of all requested transportation plans and their outcome (parolee was successfully transported; parolee declined transportation at the gate; parolee did not appear). Center Point maintains an electronic record of the transportation logs; however, it is not in the "SASTRAK" format.

- All required information is included in the Transportation Logs. There is agreement that the SASCA driver's name was omitted in three instances. This is an oversight, but minor in the overall scope of transportation activities.
- The recommendation to save the Transportation Logs in Excel will be evaluated. Center Point will also evaluate alternative formats for the retention of Transportation Logs, and determine the most expeditious method based on staff resources and the work load demands required for all other required documentation.
- Center Point does not dedicate vehicles for the exclusive use of SASCA. This is due to the prohibition of the use of SASCA funds for vehicle purchase or lease. Center Point uses a "motor pool", which allows the Agency to use the vehicles for multiple purposes. Given that the SASCA contract is only charged State rate mileage expenses for each client transportation run, and that the transportation plans are developed for each trip, there is no purpose served to maintain vehicle logs for each vehicle for three years. This recommendation would only have merit if the entire cost of each vehicle is borne exclusively by the SASCA contract and the vehicle use is restricted to SASCA activities.

The audit team requested that Center Point provide OAC with access to the SASTRAK database and specifically be allowed to review the SASTRAK transportation module. As was explained to the auditors during their year-long review, Center Point does not utilize SASTRAK for this function, nor is there a CDCR/OSATS mandate that the SASCA utilize SASTRAK. The use of the SASTRAK transportation module is not a viable recommendation for a number of reasons:

- The transportation module lacks reliability as it has not been field-tested to ensure confidence and accuracy. The early phase of development of SASTRAK does not have a robust transportation module and Center Point does not have the funding available to reprogram or upgrade the system.
- The original design of the transportation module was not developed to support audit-related verifications. Rather, it was designed to serve as an index of proposed or requested transportation plans. As is well known within all four SASCA Regions and OSATS, there is a great discrepancy between the number of projected transportation runs (based on projected client release dates) and the actual number of transportation runs that occur. Projected numbers have never mirrored the actual number of runs and SASTRAK is not capable of self-correcting this anomaly. If the transportation module were

utilized, SASCA Region II would be making use of inaccurate data and could potentially misallocate scarce staff resources as a result or would be in a position of dedicating staff time to routinely correct anomalies.

#### **FINDING 11: Missing Documentation for Global Outreach Presentations**

The Global Outreach Presentations for the period of January 1, 2008 through December 31, 2008 were routinely performed on a quarterly basis by SASCA Region II community services coordinators as required by the contract. While we note that the presentations at the California State Prison at Solano that were scheduled to occur the 2<sup>nd</sup> and 4<sup>th</sup> quarters of fiscal year 2008 were not adequately documented. During this period the institution experienced numerous lockdowns that prevented the presentations from taking place. The assigned CSC, although present at the institution, was informed that the participants would not be available. SASCA Region II recognizes that the participant roster should have indicated the failure to complete the presentation and should have been signed by the relevant SAP and OSATS staff. In addition, documentation regarding lockdowns should have been included in the monthly reports. SASCA Region II did, however, provide the auditors with participant rosters submitted by the Solano SAP program staff verifying the schedule for the Global Outreach visits for the assigned quarterly presentations.

Global Outreach presentations for the Correctional Training Facility were also conducted on a quarterly basis. While not available during the initial review, the required contact forms and rosters of participants were provided to the auditors during the field audit for review. Following their review of these documents the audit team indicated that the supplemental material was sufficient to support that the Global Outreach Presentations had occurred as scheduled and as required.

Center Point also acknowledges that Monthly Progress Reports did not routinely address references to SASCA Region II outreach activities and quarterly presentations. This oversight has been addressed and all Monthly Progress Reports now contain specific information as to where outreach and global presentations occurred and how many inmates participated.

#### **OBSERVATION 1: Incompatible Program Placement**

Center Point does not agree with this observation and has considerable concerns with the recommendation to "develop a screening process to ensure that each participant is sent to a CBP with a program that is compatible with the participant's literacy level". This recommendation does not take into account significant treatment capacity and funding constraints, legal issues regarding placement options, or that the participant might not have been truthful during his interview with the auditors.

Depending on the source of the referral, the SASCA receives a referral packet completed by the OSATS parole agents, correctional counselors, and the SAP transitional counselor, or the Contra Costa County Office of Education Star Team for ICDTP I participants. With respect to ICDTP II referrals, the referral packet comes from the OSATS Program Manager. The referral packet, developed by OSATS, includes the CDCR 1868, Part A and B and contains information obtained from the participant's C-File, SAP treatment records, and from interviewing the participant regarding his legal, medical, psychological, vocational, educational, family, substance use, and other relevant psycho-social histories. With the exception of the ICDTP II participants, SASCA Region II supplements the referral packet through the completion of an additional pre-release psycho-social interview conducted by the community services coordinator. Both the referral packet and the supplemental interview contain information designed to assist the SASCA in placing the participant in a program that is compatible with



their assessed treatment needs. The interviews with the SAP counselors and the SASCA CSCs offer the participant an opportunity to provide information regarding their special needs, including those related to literacy, vision, mobility, physical health, and mental health. For the ICDTP II participants, OSATS provides a CDCR screening form and a referral packet that includes the participant's self-disclosed psycho-social information as well as information regarding identified special needs. The screening process results in the placement of participants in the program best suited to address their treatment needs.

Throughout the course of the field audit Center Point staff regularly discussed the referral process with the auditors and explained in detail how each document was completed, by whom, how the document was utilized in selecting a provider, at what point the community based provider received the document, and how the provider utilized the referral packet to determine whether the participant would be accepted or not. SASCA staff further explained how the referral packet, in conjunction with Center Point's psycho-social screening interview, provides the community services coordinators with information necessary to ensure effective case management and that referrals for supportive and ancillary services are provided, including those related to needs and services beyond the capacity of the community based provider.

The SASCA relies on the referral packets and primarily self-reported information from the participants in making referrals to placement. If the participant does not provide relevant information that would be useful in making the correct referral, the SASCA does not have recourse to obtain the information elsewhere. However, regardless of how sophisticated the screening and assessment tool utilized, the SASCA is constrained by State law and CDCR policies with respect to the placement options available. California requires parolees to return to their "county of last legal residence" (CLLR) upon discharge (ICDTP and SB1453 participants are the exceptions at the discretion of OSATS). Unless authorized by the Division of Adult Parole, the SASCA does not have the authority to place a participant outside of his CLLR.

In addition to legal constraints, the SASCA is limited by the dictate to secure community based placement and bed confirmations immediately upon receiving referral packets and the policy to initially place all participants in residential treatment, regardless of the assessed level of need. As the bed capacity is not without limit, the SASCA is often in the position of referring participants to the second or third option. Although Center Point had developed a "preferred quality provider" network based partly on provider retention and completion rates as a means of improving client matching and outcomes, OSATS rejected this concept in response to complaints from providers who were receiving fewer referrals. Furthermore, even the best assessment-matching protocol can be confounded by the limitations of geography, program capacity, program admission criteria, parole agent concurrence and the like. While it is a laudable goal, it is neither practical, nor feasible in a system where decisions are made by multiple stakeholders with diverse impressions.

Lastly, we believe that the auditors were misled by the participant. It is a matter of record that clients complain about the structure, rules, counselors, therapeutic interventions and consequences, and the constraints placed on them by being in residential treatment. A follow-up interview with the program staff and the community services coordinator would have provided additional information which could have mitigated possible concerns.